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ABSTRACT

This booklet provides an overview of the Acquired Immune Deficiency Syndrome (AIDS) and guidelines for child care administrators and caregivers. It is argued that reason must overcome fear about the spread of the human immunodeficiency virus (HIV) in early childhood centers. Discussion addresses such questions as: (1) Can child caregivers get AIDS from children? (2) Can children contract AIDS from other children? (3) Can mothers infect their newborn children? Guidelines for caregivers concern risk of infection, hand washing techniques, and curriculum issues. Guidelines for administrators focus on questions such as: (1) Must I enroll a child with AIDS? (2) When should a child with AIDS not attend a child care program? (3) Should schools teach children about AIDS? (4) What should be done about other infections AIDS children get? References and numerous resources, including hotlines, organizations, resource materials, free publications, videotapes, a catalogue, and posters, are listed. (RH)

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Taking Care of Young Children with AIDS

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by

Anne Cairns Federlein, Ph.D.

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PREFACE

AIDS is a serious issue in our country today. As the numbers of children with AIDS grow dramatically in certain regions of the country, early childhood professionals must grapple with the ethical, social and legal issues surrounding the disease.

Today, many employees in child care settings are untrained in early childhood and methods for infection control. This booklet gives an overview of the Acquired Immune Deficiency Syndrome (AIDS), suggestions to child care administrators and information to caregivers.

It is my hope, as an educator, we will nurture all children in our centers without discrimination. We cannot turn our backs on children with AIDS or their families. We can make a difference in the quality of their lives by providing consistent support.

In the months and years ahead the numbers of children with AIDS will increase. We face a challenge in our society that will touch all of us in our professional lives. May we have strength as we develop the most effective ways to educate and nurture all children in our care.

I was encouraged by health care professionals to write this manuscript. Among them were Joan Cleveland, of Arlington, Virginia, a nurse with experience in educational settings and Caroline Broida, a nurse in Philadelphia with a speciality in public health. Ms. Broida regularly writes a column on health issues for *Index: Child Care*, a monthly publication from Child Development Designs Inc. Susan Carlson-Russell also gave support.

Clem Cleveland, as always, provided editorial services with great flourish and an indepth understanding of the manuscript. For years he has been a change agent with a vision in two worlds--publishing and education. Just as important, he continues to make sense out of my academic style of writing.

As I complete this manuscript, my last thoughts are with my family. May we all have the courage to face the coming changes in our lives and provide empathy and support to others as the pace of AIDS quickens.

Anne Cairns Federlein, Ph. D.
July, 1988

Introduction

STATISTICS ON AIDS

The number of pediatric AIDS (Acquired Immune Deficiency Syndrome) cases across the United States continues to increase. In February, 1988, 789 pediatric AIDS cases were reported to the Centers for Disease Control in Atlanta, Georgia. However, many cases are yet undetected and go unreported. Of the 789 cases reported, 676 of the children are under five years.

The remaining 113 cases are five to 12 years. New York has a total of 239 cases, while New Jersey reports 103 children with AIDS.

On the international front, Dr. Jonathan Mann, the director of the AIDS program at the World Health Organization reported a total of 96,433 adult and pediatric cases in 136 countries as of June 1, 1988. The director gave a conservative estimate in the June 22, 1988 edition of *The Chronicle of Higher Learning* that the virus is in five million people today. He predicts in the next five years one million more will become infected.

C. Everett Koop, M. D., Surgeon General says, "At the beginning of the AIDS epidemic, many Americans had little sympathy for people with AIDS. The feeling was that somehow people from certain groups "deserved" their illness. Let us put those feelings behind us. We are fighting a disease, not people. Those who are already afflicted are sick people and need our care as do all sick patients. The country must face this epidemic as a unified society. We must prevent the spread of AIDS while at the same time preserving our humanity and intimacy.

AIDS is a life-threatening disease and a major public health issue. Its impact on our society is and will continue to be devastating. By the end of 1991, an estimated 270,000 cases of AIDS will have occurred with 179,000 deaths within the decade since the disease was first recognized. In the year 1991, an estimated 145,000 patients with AIDS will need health and supportive services at a total cost of between $8 and $16 billion. However, AIDS is preventable. It can be controlled by changes in personal behavior. It is the responsibility of every citizen to be informed about AIDS and to exercise the appropriate preventive measures ...

... The spread of AIDS can and must be stopped.

Dr. Susan Arnson, a Clinical Professor of Pediatrics at Hahnemann University in Philadelphia, assures the early childhood community the risk of AIDS being spread in a child care center by an infected child is hypothetical. She said in the November, 1987 edition of *Exchange*, there has been no case of AIDS in the country that has been transmitted in a child care setting or school. Rather the pediatric AIDS cases have been from blood transfusions or infants born to infected mothers.

According to Dr. Catherine Peckham of the Institute of Child Health in London, younger children develop AIDS much faster than older ones. She predicts 25 to 30 per cent of infants born to infected mothers will eventually become infected with the disease. Of those newborns who are infected, 40 per cent will get AIDS or AIDS related diseases by ten months of age.

What about the caregivers and children who have undetected cases of AIDS while working in a child care program? What is the risk to other adults and children? When should a child with AIDS not attend a child care program? Does a teacher have the right to determine who will be in the classroom? What are the procedures to follow when caring for infected children?

As child care professionals become aware of the issues surrounding AIDS and its impact on programs, they ask legal, social and ethical questions. The questions are complex with few answers.

TABLE I

Reported Pediatric AIDS Cases in the United States

State	Number of Cases	State	Number of Cases
Alabama	7	Montana	0
Alaska	0	Nebraska	0
Arizona	3	Nevada	1
Arkansas	0	New Hampshire	3
California	62	New Jersey	103
Colorado	2	New Mexico	0
Connecticut	18	New York	249
Delaware	2	North Carolina	9
District of Columbia	10	North Dakota	0
Florida	89	Ohio	5
Georgia	14	Oklahoma	5
Hawaii	1	Oregon	1
Idaho	2	Pennsylvania	20
Illinois	19	Rhode Island	3
Indiana	2	South Carolina	5
Iowa	1	South Dakota	0
Kansas	2	Tennessee	2
Kentucky	0	Texas	32
Louisiana	9	Utah	3
Maine	2	Vermont	0
Maryland	20	Virginia	10
Massachusetts	20	Washington	4
Michigan	9	West Virginia	2
Minnesota	2	Wisconsin	1
Mississippi	0	Wyoming	0
Missouri	5		

Source: Centers for Disease and Control, February 1, 1988

This is a new challenge for the early childhood profession. Some children with AIDS will be in our care in the near future. Are we ready for the challenge? How can a staff be trained in a short time and continue to be trained in infection control when the turnover in staff each year is so high? What new health and safety procedures are needed? Probably none because good health habits, such as thorough and consistent handwashing is the most effective way to control infections in centers. However, the staff must follow the guidelines all day, every day. And finally the questions on every administrator's mind--what is our legal responsibility? Who can help us write a policy statement

addressing the child with AIDS? How do we handle the publicity in the community? What role can parents play in developing policies and procedures?

Use this booklet as a guide to address and create solutions to the complex issues surrounding children and adults with AIDS.

WHAT IS IMPORTANT TO REMEMBER ABOUT AIDS?

Again, what is AIDS?

AIDS (Acquired Immune Deficiency Syndrome) is caused by a virus that infects certain cells of the immune system. It can also directly infect the brain. This virus has been given different names by different researchers. Some of them are human T-lymphotropic virus, type III (HTLV-III), lymphadenopathy-associated virus (LAV), or AIDS related retrovirus (ARV).

An international committee of scientists has proposed one name be used, human immunodeficiency virus (HIV) for this virus. Infection with this virus does not always lead to AIDS. Many infected persons remain in good health.

Other persons develop illnesses varying from mild to extremely serious. These illnesses are called AIDS-related complex (ARC).

How many AIDS victims are there?

The number of people estimated to be infected with the AIDS virus in the United States is about 1.5 million. All of these individuals are assumed to be capable of spreading the virus sexually or through sharing of needles and syringes or other instruments for intravenous drug use.

Of these, an estimated 100,000 to 200,000 will come down with AIDS Related Complex (ARC). It is difficult to predict the number who will develop ARC or AIDS because symptoms

sometimes take as long as nine years to surface.

With our present knowledge, scientists predict that 20 to 30 per cent of those infected with the AIDS virus will develop an illness that fits an accepted definition of AIDS within five years.

The number of persons known to have AIDS in the United States at the first part of 1987 was over 25,000. Of these, about half have died of the disease.

There is no evidence, however, of transmission of the AIDS virus by everyday contact even if family members of AIDS patients have shared food, towels, cups, razors, kisses and even toothbrushes.

Where are the highest numbers of AIDS cases?

Thirty one per cent of the cases in the United States are reported from the state of New York. Twenty two per cent are from California. AIDS cases have been reported from almost all the 50 states, District of Columbia, Puerto Rico and more than 70 other countries.

I'm in child care. Can I get AIDS?

Casual contact with AIDS patients, either adults or children, does not put someone at risk for getting the disease. No cases have been found where the virus has been transmitted by casual household contact with AIDS patients. Infected infants with AIDS or the HTLV-III virus have not transmitted the infection to family members living in the same household.

Few professionals who have assisted AIDS victims have become ill, including doctors, nurses and health care workers. A careful study has been done on the 2.500 health care workers who have cared for AIDS patients in the last stages of the disease. They were exposed to patients' blood, stool and other body fluids. Approximately 750 of the workers reported possible additional exposure by direct contact with a patient's body fluid through spills or being accidentally stuck with a needle. Out of the 750 workers, three, who accidentally stuck themselves with needles, reported testing positively for the virus.

Health care guidelines have been developed for child care workers to follow in centers in order to avoid infection.

Can children contract AIDS from other children?

No. AIDS is difficult to catch, even among people at highest risk for the disease. The risk of transmitting AIDS from daily contact at work, school, child care center, foster care or at home is extremely rare or nonexistent. In virtually all cases, direct sexual contact, sharing of drug needles, transfusion of infected blood or blood products or transmission of the infection from mother to newborn has led to the illness.

Can I recognize if a person has AIDS?

Some people remain free from physical symptoms after they are infected with the AIDS virus. Lack of symptoms could cause the person not to use precautions and to infect others. Only a blood test can tell if someone has been infected with the virus.

The symptoms that do develop include tiredness, fever, loss of appetite and weight, diarrhea, night sweats and swollen glands usually in the neck, armpits or groin area. Physicians suggest if these symptoms persist longer than two weeks to see a doctor.

How much time can lapse between the virus infection and AIDS?

The time between infection with the HTLV-III virus and the onset of symptoms of AIDS is about six months to five or more years. Infection with the virus may not always lead to AIDS. Symptoms of illness appear in approximately 30 per cent of individuals within five years of infection.

What are some of the other diseases affecting AIDS patients?

About 78 per cent of the AIDS patients studied have had one or both of two rare diseases. They are pneumocystis carinii pneumonia (PCP), a parasitic infection of the lungs. The other is Kaposi's sarcoma (KS).

KS occurs anywhere on the surface of the skin or in the mouth. In early stages, it may look like a bruise or blue violet or brownish spot. The spot or spots persist, may grow larger and spread to other organs of the body.

PCP has symptoms similar to any other form of severe pneumonia, especially cough, fever and difficulty in breathing.

Can mothers infect their newborns?

Yes. If a woman is infected with the AIDS virus and becomes pregnant, she is more likely to develop ARC or classic AIDS. She can pass the AIDS virus on to her unborn child.

Approximately one third of the babies born to AIDS infected mothers will also be infected with the virus. Most of the infected babies will eventually develop the disease and die. Several of these babies have been born to wives of hemophiliac men infected with the AIDS virus by contaminated blood products.

Some babies have been born to women who were infected with the AIDS virus by bisexual partners who carried the virus. Almost all babies with AIDS have been born to women who were intravenous drug users or the sexual partners of intravenous drug users infected with the AIDS virus. It is predicted an increasing number of infected babies will continue to be born.

What are other ways young children contract AIDS?

In March, 1985, screening practices were implemented to assure blood used in transfusions did not carry the AIDS virus. Today all donated blood is tested for the antibody to the AIDS virus. Blood donors are screened and blood is not accepted from high risk individuals. Before 1985 some persons may have received infected blood during a transfusion, however, only about two per cent of the cases today were caused by transfusions.

Young children who are hemophiliacs can contract AIDS. This blood clotting disorder requires the child to receive blood transfusions or blood products to help clotting. Health care professionals can now prepare safe blood products. The number of AIDS cases who are hemophiliacs is approximately one per cent of the AIDS population.

For the donors, there is no risk of contracting AIDS because blood banks use sterile equipment and new disposable needles for each person.

Once again, are there other ways AIDS is spread?

There are two other ways the disease is spread in addition to blood transfusions and a mother infecting her newborn.

They are:

* Sexual contact
* Sharing needles for drugs

Is there a cure for AIDS?

No.

Caregivers

GUIDELINES FOR CAREGIVERS

"Much confusion and fear cloud the issue of the safest and most effective means of educating the HIV-infected child...There is no evidence that HIV is transmitted by normal casual and nonsexual contact in home, school, day care or foster care settings."

Surgeon General's Workshop on Children with HIV Infection and Their Families

AIDS is a challenge for child care providers. Reason must overcome fear about the spread of the HIV virus in early childhood centers. Energies must be directed toward identifying and practicing good health care, including infection control, providing a good well rounded experience for all children and information for parents on the disease.

Little Risk of Infection

Caregivers need to remember everyday living does not present any risk of infection. AIDS cannot be caught from casual social contacts such as shaking hands, hugging, social kissing, crying, coughing or sneezing. Swimming in pools or bathing in hot tubs, eating in group settings, sharing bed linens, towels, cups, straws, dishes or other eating utensils is not a source of AIDS. The HIV virus is not transmitted from doorknobs, telephones, furniture or toilets.

However, caregivers must develop good procedures for infection control when working with young children. Recently, an early childhood professional asked Caroline Broida, a nurse with community health training in Philadelphia, about infection control in day care centers. "I worry about providers who do not

always wash their hands. I'm afraid when the first baby with AIDS arrives at a center all of the children there will get AIDS."

Is this likely to happen? Could a day care center be a source of an AIDS epidemic? Fortunately, no. It is true that infection control is a vital issue for day care providers and handwashing is the best way to prevent the spread of germs. **AIDS is not an easy disease to catch.**

AIDS is an illness that depresses the body's ability to fight off infection and is not transmitted through casual contact. And while the virus has been found in other body fluids, no instance of transmission by contact with these has been reported.

Therefore, although unlikely, if a child care provider came in contact with the virus by changing a diaper or holding a drooling baby, the virus would have to find its way into the provider's bloodstream before the infection could be transmitted. Furthermore, the virus cannot live on inanimate objects. It can be killed with simple soap and water.

While AIDS is not an epidemic in the heterosexual or nonintravenous drug abuser population, fear of the disease is. Spurred on by the fascination of the media, an epidemic of fear has spread nation wide.

In reality, AIDS is unlikely to be seen or transmitted by a child care facility. Providers of child care are more likely to be affected by the fears of parents. Information and education are the best means of putting those fears to rest.

Hand Washing Techniques

Child care providers should develop hand washing techniques. Not only will this prevent the spread of germs, but it will provide a good example for the children. In a hospital setting, hand washing was what significantly reduced the number of infections spread from patient to patient according to the April, 1985 edition of *The Insight*.

PROPER HAND WASHING

* Use Soap and Running Water
* Rub Hands Vigorously
* Wash All Surfaces Including:

  Backs of hands
  Wrists
  Between fingers
  Under fingernails

* Rinse Well Under Running Water
* Dry Hands Gently On A Paper Towel
* Turn Off Water Using Paper Towel Instead Of Your Clean Bare Hands!

From: "Stop Disease" Method of Hand Washing

Good sanitary procedures are needed for the control of all infections. For example a routine of disinfecting toys is necessary. In infant and toddler centers, there are many toys--many the same. This allows toys to be placed in a separate basket for future washing with duplicates still available for play. Young children mouth toys, that is one way they learn about their world. Caregivers must disinfect all infant and toddler toys daily to prevent the spread of disease. Preschool and school toys should also be disinfected on a regular basis, especially during sniffle season.

There is no evidence that rubber gloves are needed for diaper changing. However when you are cleaning up body fluids or taking care of a bloody nose, the use of rubber gloves is recommended. Put blood stained clothes in a

plastic bag and clean up the area with soap and water followed by a disinfectant solution on all surfaces, toys and rubber gloves. When finished cleaning; to remove the rubber gloves, pull down the cuffs, turning them inside out and store them out of reach from the children.

Disinfectant Solution

An effective disinfectant to use on surfaces and toys in child care centers is one part household bleach to ten parts water. Keep in a spray bottle for quick clean ups.

Biting is a concern in a child care center. One might think the biting problem centers on the child infected with the HIV virus. This is not so. In order for this child to infect another, there must be an open bleeding sore in the mouth when biting, which is highly unlikely. Remember, just saliva has not been identified as a transmitter of AIDS.

The concern about biting centers on the other children. If a healthy child bit one with AIDS and drew blood, there is a theoretical chance the infected blood could enter the biter's body and put the child at risk. Keep this information in mind when writing the policy on biting in the center's handbook.

Little has been written or discussed about the amount of blood involved in minor scrapes, common in child care settings. If the child has AIDS, the caregiver should wear rubber gloves when cleaning the wound, followed by good hand washing.

Curriculum Issues

In an early childhood program, children five years of age and younger, are learning about their world. They experience, explore and manipulate their environment in order to understand their world and themselves. They are developing in cognitive, social/emotional, physical and language areas.

They don't understand what we say about disease, death or sex or the future. At this age, teachers and parents alike, should be open to their questions about AIDS. Even though they don't understand the disease, they will repeat what they have heard. When you are asked questions, use concrete answers and don't expand on things the child didn't ask.

For this reason an AIDS curriculum is not necessary in the preschool classroom. Rather the attitude of the adults in the child's life makes the difference. Be open and give simple answers. This encourages the child to return with other questions on all topics now and in the future.

In the primary grades in school, kindergarten through third, children are more aware about death, disease and sex. They have probably already heard about AIDS from television. That does not mean they understand AIDS. Often children are highly verbal and convince us they understand complex issues. Quite often the opposite is true. The child can verbalize and use certain words, but cannot explain what they mean.

Include these concepts in the primary curriculum on AIDS.

1- AIDS is a disease that is causing some adults to get very sick, but it does not commonly affect children.

2- AIDS is very hard to get. You cannot get it just by being near or touching someone who has it.

3- Scientists all over the world are working hard to find a way to stop people from getting AIDS and to cure those who have it.

Children can understand the seriousness of AIDS. However if they become too concerned about their chances of catching the virus, reassure them it is difficult to get. The best way to teach children is to keep the lines of communication open and available.

Administrators

GUIDELINES FOR ADMINISTRATORS

If you are an administrator of a child care program, you must be holding your head while you are reading this. The issues surrounding AIDS are complex. What are the legal rights of AIDS children? What are your legal rights? How will the staff be trained to work with children with AIDS? Will there be a higher turnover rate of staff? And what about your enrollment? Will the parents of healthy children continue to use your center?

For the most part the answers depend on your administrative skills and expertise. You are fortunate, few children with the HIV virus or AIDS are enrolled in child care programs now. However, with the increasing numbers contracting the disease, this could change in a short time.

In the meantime, you have time to prepare your staff, parents and community by staying up to date. Read the latest data from the Centers for Disease Control in Atlanta. Discuss with your staff what needs to be added to present guidelines and what new policies need to be developed. Begin holding parent education meetings on AIDS as information becomes available. Here are some questions frequently asked by administrators. Before you read each answer, test yourself. Analyze how, or if, your answer differs and then clarify your answer to the question.

Are there established guidelines on policies for children with AIDS?

Many groups on a national, state and local level are attempting to develop guidelines for young children enrolled in early childhood programs. There are three organizations to contact

before you begin the process of writing a policy for your center. They are the Centers for Disease Control, in Atlanta, Georgia; the New York City Department of Health and the American Academy of Pediatrics. They have updated information on pediatric cases of AIDS and suggestions for schools and child care centers. The addresses are in the Resources section of this booklet.

Do I need to establish policies and guidelines for the staff?

Absolutely. The first and foremost policy to establish is one of proper procedures on infection control to ensure a clean environment. Staff need to be trained in handwashing and sign check lists in bathroom and kitchen areas after they wash their hands or disinfect toys.

Post the procedures for caring for ill children and handling blood or other body fluids in the classrooms.

Another important policy to develop is identifying the legal rights of AIDS infected children to attend your center. National, state and local agencies are developing policies for public school and private school programs. Staff must understand they do not determine if a child attends your program. In public school programs, enrollment is usually determined by review boards in some states. Policy on enrollment in private programs should be determined by the parent board and/or the director.

How can I address the rights of all children enrolled in an early childhood program?

Establish a subcommittee in your program to study AIDS and the effect on your program. Invite all parents, staff and community who are interested to attend. The goal of the group is to write policies for staff and parents. The director should serve as chair of the committee. Establish a deadline for the subcommittee to complete its document. Publish the minutes for all who cannot attend the meetings.

How can I address AIDS to the community in a positive way?

Often administrators and teachers fear the reaction of parents and the community to change. When a center writes a policy addressing the AIDS epidemic, it is news.

Therefore, take advantage of your progressive view and hold meetings addressing the complex issues surrounding AIDS. Invite guest speakers from the health and education communities. Have materials available, such as leaflets on the disease and reading lists. Call the local newspapers for a story and have public service announcements on radio and television. Arrange to be interviewed on the local cable station. Become the expert in the early childhood community and your center will receive positive publicity.

Order leaflets on AIDS, often free of charge from local health agencies. Have them available on a regular basis for staff, parents and visitors to take home.

Before children are enrolled in child care, should they be tested for the HIV virus?

No. First of all, the tests for young children are expensive and unreliable. Secondly, the number of children with AIDS in this country is still exceedingly small.

Must I enroll a child with AIDS?

The decision to enroll a child in a care setting is a joint one, including the child's parents, doctor and community public health officials. United States Surgeon General C. Everett Koop, believes most children with AIDS belong in school.

Each case must be studied individually. When AIDS children come to school they probably will not have any symptoms, even though they test positively for the disease. If that is the case, the child can participate in the program with little, or no, difficulty.

Each center should already be practicing good health procedures. The AIDS infected child--or caregiver--should not have an effect on the procedures if they have been in use. There is no case to date of children or adults catching the HIV virus in schools or child care centers.

The Centers for Disease Control and the National Parent Teacher Association agree children with AIDS should not be denied enrollment in programs or schools. Head Start programs are in the process of developing enrollment policies, procedures and practices for the child with AIDS.

When should a child with AIDS not attend a child care program?

It is recommended a review board designate the child's ability to attend a child care center. Exceptions are those children who have

- Uncontrollable nose bleeds
- Bloody diarrhea
- Open sores
- Contaminated body fluids that could expose others to the fluids

Should schools teach about AIDS?

Yes. In 1987 NBC took a poll about teaching AIDS information to children. Ninety one per cent of the adults surveyed approved that public school children should be taught about how to prevent AIDS.

What should be taught?

In children under five years of age, just answer their questions with short concrete answers. Maintain openess with the children and although it is difficult don't avoid their questions.

With children in primary grades emphasize three things:

1- AIDS is hard to get.

2- Few children have AIDS.

3- Scientists are working day and night to find a cure.

What about other infections AIDS children get?

Children with AIDS are highly susceptible to infections, such as chicken pox, from other children. Each child with AIDS should be examined by a doctor before attending school or before returning to school or child care after an illness.

No blanket rules can be made for all school boards to cover all possible cases of children with AIDS. Each case should be considered separately. The program should be individualized to meet the needs of the child in a specific setting. This is routine to do for any child with a special problem, such as cerebral palsy or asthma. A good team to make such decisions with the school board or parent board would be the child's parents, physician and a public health official.

Remember--casual social contact between children and adults infected with the AIDS virus is not dangerous.

Look at the Future

An enormous challenge to educators and public health lies ahead of us. We must prepare for change in the populations of schools and child care centers. The future is here. We must be prepared to manage those things we can predict, as well as those we cannot.

Presently, there is no vaccine to prevent AIDS. There is no cure. AIDS, which can be transmitted sexually and by sharing needles and syringes among illicit intravenous drug users, is bound to produce profound changes in our society, changes that will affect all of us.

It is estimated that in 1991 54,000 people will die from AIDS. That is a little more than two years away. At this moment, many of them are not infected with the AIDS virus. With proper information and education, as many as 12,000 to 14,000 could be saved from death in 1991.

The changes in our society will be economic and political. They will affect our social institutions, our educational practices and our health care. Although AIDS may never touch you personally, the changes in society will.

As educators each of us will be touched professionally.

Resources and References

TERMS AND DEFINITIONS

AIDS- Acquired Immune Deficiency Syndrome develops after infection of HIV virus

ARC- AIDS related complex with symptoms of HIV virus

HIV- Human Immunodeficiency Virus breaks down the immune system. Can precede AIDS or ARC disease

HTLV-III- Human T-Lymphotropic Virus Type III

LAV- Lymphadenopathy Associated Virus

RESOURCES

Hotlines

National AIDS Hotline
1-800-342-7514

National Sexually Transmitted Diseases Hotline
American Social Health Association
1-800-227-8922

PHS AIDS Hotline
1-800-342-2437

Organizations

National AIDS Network
1012 14th Street NW, Suite 601
Washington, D.C. 20005
(202) 347-0390

AIDS Action Council
729 Eighth Street SE, Suite 200
Washington, D.C. 20003
(202) 547-3101

Department of Health and Human Services
Public Health Service
Centers for Disease Control
Atlanta, Georgia 30333
(404) 639-3311

U.S. Public Health Service
Public Affairs Office
Hubert H. Humphrey Building
Room 725-H
200 Independence Avenue SW
Washington, D.C. 20201
(202) 245-6867

American Red Cross
AIDS Education Office
1730 D Street NW
Washington, D.C. 20006
(202) 737-8300

National Association of People with AIDS
2025 Eye Street NW, Suite 415
Washington, D.C. 20006

National Minority AIDS Council
Post Office Box 28574
Washington, D.C. 20003
(202) 544-1076

Los Angeles AIDS Project
7362 Santa Monica
Los Angeles, California 90046
(213) 876-AIDS

Hispanic AIDS Forum
853 Broadway, Suite 2007
New York, New York 10003
(212) 870-1902

Resource Materials

AIDS Education: Curriculum and Health Policy
Phi Delta Kappa
Post Office Box 789
Bloomington, Indiana 47402
(812) 339-1156

AIDS and the Public Schools
National School Boards of Association
Research and Information Services Department
1680 Duke Street
Alexandria, Virginia 22314

AIDS: Opposing Viewpoints
Greenhaven Press
577 Shoreview Park Road
St. Paul, Minnesota 55126
1-800-231-5663

How to Talk to Your Children About AIDS
SIECUS/New York University
32 Washington Place, Room 52
New York, New York 10003
(212) 673-3850

AIDS Resource Center
National Parent Teacher Association
700 North Rush
Chicago, Illinois 60611-2571

Dr. Steven Merahn
New York City Department of Health
Bureau of Day Care
65 Worth Street
New York, New York 10013

American Academy of Pediatrics
141 Northwest Point Boulevard
Elk Grove Village, Illinois 60009

Free Publications

Facts About AIDS
Coping with AIDS
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